

KNIGHTS OF COLUMBUS COUNCIL #1043 SCHOLARSHIP APPLICATION RULES AND REGULATIONS



- 1. The scholarship will be awarded to the applicant whom the Scholarship Committee deems most deserving. It will be \$2,000 scholarship paid in equal installments of \$500 starting at the time of selection and then each of the following three years. At the sole option of the Knights of Columbus, the scholarship can be a maximum of \$4,000.00 with \$1,000.00 installments paid for 4 years. The payments will be made as long as all the rules and regulations are followed.
- 2. The scholarship is available to only a boy/girl who is the child of parishioners at St. Vincent de Paul Catholic Church or St. Thomas the Apostle Catholic Church in Elkhart, Indiana.
- 3.If during the installment period, the student withdraws from school or is placed on academic probation, the scholarship will be forfeited.
- 4. The Scholarship Recipient must correspond, in writing, with the Scholarship Committee after the completion of each year of college, trade school or apprenticeship. In this correspondence you will state how the year went, accomplishments and goals for the upcoming year. Also enclose a copy of grades and credits earned for that year.
- 5.Any Scholarship Recipient who fails to send his/her yearly correspondence and grades will forfeit the remainder of their scholarship.
- 6. The Scholarship Committee of Council #1043 has the final decision in regard to any scholarship awarded by the Council.

I FULLY UNDERSTAND THE RULES AND REGULATIONS PRESENTED ABOVE AND WILL ABIDE BY THEM. IF I FAIL TO ABIDE, I FULLY UNDERSTAND THE CONSEQUENCES.

SIGNATURE OF APPLICANT		
	DATE	
	SIGNATURE OF PARENT/GUARDIAN _	
	DATE	

PLEASE RETURN THE SIGNED COPY OF THIS FORM WITH THE SCHOLARSHIP APPLICATION. IF THIS FORM IS NOT SIGNED AND RETURN, THE APPLICATION WILL BE DEEMED INCOMPLETE AND NOT CONSIDERED.



KNIGHTS OF COLUMBUS COUNCIL #1043 MEMORIAL SCHOLARSHIP APPLICATION



Date:		
Name in Full:	Telephone #:	
Home Address:		
Date of Birth:E	mail Address:	
Father's Full Name:	Living or Deceased (Circle one)	
Mother's Full Name:	Living or Deceased (Circle one)	
Parish Affiliation:		
Please identify the parent(s) or guardians(s)	who are members of the listed Parish above:	
Please list the colleges, universities, trade sch	nool or union apprenticeship that you have submitted application:	
Name of High School:	Date of Graduation:	
Are you a 21st Century Scholar? Yes	No	

The applicant shall prepare a statement of 250 words or less setting forth his/her vocational goals or professional goals and relate how past, present and future activities make the accomplishment of these goals probable. The applicant, by deed and circumstance, must demonstrate his/her worthiness. The letter must be signed.

APPLICATION MUST BE SIGNED BY THE APPLICANT, PARENT/GUARDIAN AND PRINCIPAL OR TEACHER WHO IS CURRENTLY TEACHING THE APPLICANT.

SIGNATURE OF APPLICANT:		
SIGNATURE OF PARENT/GUARDIAN:		
SIGNATURE OF PRINCIPAL OR TEACHE	R:	
DEADLINE FOR RETURN OF THE APPLICATION IS JAPPLICATION RETURNED AFTER DEADLINE WILL		
PLEASE ATTACH OFFICIAL HIGH SCHOOL TRANSCRIPT OF STUDENT RECORD FROM THE BEGINNING OF 9 TH GRADE TO THE DUE DATE OF THE APPLICATION. THESE TRANSCRIPTS MAY BE PHOTOCOPIES THAT BEAR AN ORIGINAL SIGNATURE AND SEAL OF THE PROPER HIGH SCHOOL AUTHORITY.		
Indirection Indiana.		
RETURN APPLICATION TO:		
	COLUMBUS COUNCIL 1043	
ATTN: SCHO PO BOX 174	LARSHIP COMMITTEE	
ELKHART, IN		

Or

SCAN ALL DOCUMENTS AND SEND VIA EMAIL TO: GRANDKNIGHT@KOC1043.ORG